



10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190  
Phone: 501-682-4500 Fax: 501-682-4506 TRS: 800-285-1131

## WAGE CLAIM FORM

**PLEASE NOTE:** There are certain circumstances which may prevent the Arkansas Department of Labor from pursuing your wage claim. These are listed below. This does not mean that your claim is invalid. *If you fall into one or more of the categories listed below, and believe your employer owes you money, although the Department of Labor cannot assist you, you may wish to file suit in small claims court, or seek the advice of a private attorney.*

- A.** IF you make more than twenty-five thousand dollars (\$25,000) per year, you are not eligible to file a wage claim with the Department of Labor.
- B.** IF you are owed more than one thousand dollars (\$1,000), you are not eligible to file a wage claim with the Department of Labor.
- C.** IF you are filing this form because you believe you are due vacation pay, sick pay, a bonus, holiday pay, or severance pay, you must fax, mail, or e-mail a copy of the company policy that specifically states you will be paid for these items. If you do not fax, mail, or e-mail a copy of the policy, we will not be able to process your claim.

1. Your Full Name
2. Mailing Address
3. Home Phone Number                      Daytime Phone Number
4. Name of Nearest Relative who does not live with you
5. Mailing Address
6. Phone Number

**EMPLOYER YOU ARE FILING A CLAIM AGAINST:**

7. Employer or Business Name
8. Employer or Business Mailing Address
9. Business Owner
10. Who hired you?
11. Who was your supervisor?
12. What type of work did you do?
13. Business Telephone Number
14. Type of Business (restaurant, retail store, etc.)
15. Is employer still in business?
16. If not, list employer's home mailing address

**WAGES DUE:**

17. Please check what you believe is due to you: Wages      Commission
18. List the dates you worked to earn the money checked in (17) above.  
mo/day/yr      to      mo/day/yr
19. What was your rate of pay during this time period?      Per

20. How many hours did you work during this time period?
21. How much, if any, has your employer paid you for this work?
22. How much do they owe you now?
23. Have you asked for your money?
24. Who did you ask and what did they say?
25. If you are claiming commissions, were you paid a “draw” or a salary in addition to your commissions? Explain.
26. Please list the **names, addresses, and telephone numbers** of any witnesses who can support your claim.

**Please fax, mail, or e-mail all documents you have that support your claim, including: receipts; time records; pay stubs; statements; written agreements; commission policies; written company policies; and/or employee handbooks.**

27. Please state what happened in your own words. Attach additional sheets, if necessary.